



Membership Application

Please provide your e-mail address so ANIA can send you its E-News, the Journal of Informatics Nursing and other valuable membership benefits.

Name _____

Credentials _____

Employer _____

Preferred Address: HOME or WORK (circle one)

Address _____

City _____ State _____ Zip _____

E-mail _____

Alternate Email _____

(Check Preferred phone)

Personal phone _____

Business phone _____

If you were referred by a member, please enter member's name _____

PROFILE / SURVEY

Your individual professional and practice background information is utilized by ANIA to create programs and services to meet your specific needs.

(1) Primary Job Title

- RN
- MD
- PT
- RT
- OT
- ST
- RDA
- Other _____

(2) Highest Level of Education Completed

- Diploma
- Associate
- Bachelors
- Masters
- Doctorate

(3) Current Certification(s)

- CISSP
- CPEHR
- CPHIE
- CPHIMS
- CPHIT
- Nursing Informatics
- PMP
- RHIA
- RHIT
- Vendor-specific
- Other _____

(4) Years in Informatics

- 2 or less
- 3 - 4
- 5 - 6
- 7 - 8
- 9 - 10
- 11 - 15
- 16 - 20
- More than 20
- Currently not in Informatics

(5) Primary Practice Setting

- Academia
- Home Health
- Hospital
- Long Term Care
- Rehab
- Skilled Nursing
- Telehealth
- Other _____

(6) Systems Experience(s)

- Cerner
- CPOE
- Eclipsys
- Epic
- GE
- Healthland
- Meditech
- Meditech Windows
- Programming
- QS
- Other _____

What is your birthday month? _____

What is your birthday year? _____

ANIA Volunteer Options:

If you would like to volunteer, please check the areas in which you have previous experience.

- Abstract review
- Membership development
- Mentor/Preceptor
- Newsletter – peer review
- Newsletter – final proofing
- Newsletter – author recruitment and assistance
- Government affairs
- Regional events
- Social media
- Website and marketing

Thank you for your willingness to serve!

MEMBERSHIP DUES

___ Regular (RN) (1 year) \$ 79.00
 ___ Regular (RN) (2 year) \$148.00
SAVE \$10.00!!

___ Associate (1 year) \$ 79.00
 ___ Associate (2 year) \$148.00
SAVE \$10.00!!

___ Senior (Age 65+) \$ 65.00
 ___ Student (1 year)* \$ 40.00

*School _____
 *Degree sought _____
 *EST Graduation Date _____

PAYMENT

Please check your ANIA status:

- I am a new member
- I am a current member and want to renew
- I am a previous member and want to rejoin

___ Check is enclosed (payable in US Funds to ANIA)

Charge my ___ VISA OR Amount \$ _____
 ___ MasterCard
 ___ Amer. Express Expiration _____
 ___ Discover Security Code _____

Credit Card # _____

Name on Card _____
 Billing Address _____
 Billing City/St/Zip _____

Signature _____